

New Jersey Department of Health and Senior Services
Division of Long Term Care Systems
**ASSISTED LIVING RESIDENCES AND COMPREHENSIVE PERSONAL CARE HOMES
RESIDENT PROFILE REPORT**

Data for Year Ending December 31, 2002, Unless Otherwise Specified

PLEASE REVIEW DEFINITIONS AND INSTRUCTIONS BEFORE COMPLETING FORM.

1. FACILITY IDENTIFICATION

- A. *License Number: _____
- B. *Facility Name: _____
- C. *Facility Address: _____
- D. *City: _____
- E. *Zip Code: _____
- F. County: _____
- G. Telephone No.: _____
- H. Fax No.: _____
- I. Email Address: _____

2. LICENSURE INFORMATION

- A. Facility Opening Date (MM/DD/YYYY): _____
- B. *Licensed Beds (AL/CPCH): _____
- C. Does reported bed total in Item B represent full capacity (Y/N)? _____
If yes, please go to Item E.
- D. Actual Bed Capacity (if different from Item B): _____
- E. Administrator's Last Name: _____
- F. Administrator's First Name: _____
- G. Type of Credential Held by Administrator: ☐ LNHA ☐ CALA

3. ADMISSIONS

- A. Admissions from Home: _____
- B. Admissions from Nursing Homes: _____
- C. Admissions from Other Assisted Living/CPCH Facilities: _____
- D. Admissions from Residential Health Care Facilities: _____
- E. Admissions from Acute Care Hospitals: _____
- F. Admissions – Other: _____
- G. Total Admissions (Sum of A-F):** _____

4. DISCHARGES

- A. Discharges to Home: _____
- B. Discharges to Nursing Home: _____
- C. Discharges to Other Assisted Living/CPCH: _____
- D. Discharges to Residential Health Care Facilities: _____
- E. Discharges While in Hospital: _____
- F. Deaths: _____
- G. Discharges – Other: _____
- H. Total Discharges (Sum of A-G):** _____

* Please list information exactly as it appears on the facility license.

- 5. ADL Data for Residents on 12/1/02**
7. Chronological Data for Residents on 12/1/02

- 6. Medication Administration Data for Residents on 12/1/02**
8. Data for Residents Discharged during Calendar Year 2002

Please use the following pages to complete Items 5 through 8.

Facility Name

Please do not list residents admitted after 12/1/02.

0 - INDEPENDENT - Resident needs no assistance in performing the activity
1 - LIMITED - Resident needs some assistance in performing the activity
2 - TOTAL - Resident is totally dependent on others for the activity

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To list more than 25 residents, please photocopy this page.

Facility Name

Please do not list residents admitted after 12/1/02.

0 - Self-Administers all medications.
1 - Requires assistance with self-administration of one or more medications.
2 - Requires administration of all medications.

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To list more than 25 residents, please use continuation columns.
To list more than 75 residents, please photocopy this page.

Facility Name

*Data for columns 1-5 are supplied by the facility;
data for columns 6 and 7 will be calculated by DHSS.*

*** Please do not list the resident's name.**

**** Please enter a "Y" only if the resident was actually covered by Medicaid (not on the waiting list) on the reporting date.**

Please use the same IDs consistently in Items 5-7.

RESIDENT PROFILE REPORT, Continued

Facility Name	
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8. DATA FOR RESIDENTS DISCHARGED DURING CALENDAR YEAR 2002

Data for columns 1-3 are supplied by the facility; data for column 4 will be calculated by DHSS.

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*** Please do not list the resident's name.**